NOTICE OF FORM CHANGE NO. 11-022			DATE
			3/16/2011
District Attorney		FROM: Forms Man	agement Unit
Listed below is information regarding a form change. Only applicable information is shown.			
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).			
FORM NUMBER, REVISION DATE AND TITLE SOC 815 (12/10) Approval of Family Care Giver Home			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	initial supply sent ☐ Yes ☒ No
☐ New ☐ Revised	DATE OF FORM 12/10	REPLACES 11/08	☐ Obsolete
REQUIRED FORM- No Change Permitted Required Form- Substitute Permitted With Prior DSS Approval Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		☐ OTHER:	
Department of Social Services Warehouse P.O. Box 980788			
West Sacramento, CA 95798-0788		☐ INTRANET:	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS			
Use until exhausted		☐ Destroy	
USE NEW FORM When supply available in DSS Warehouse		oxtimes Use new form effective	12/22/2010
Section IN ACCORDANCE WITH ☐ All County Letter No. 10 ☐ Other (specify)	0-60 http://www.cdss.ca.g	ov/lettersnotices/entres/getinfo/ac	cl/2010/10-60.pdf
ADDITIONAL INFORMATION REGARDING FORM CHANGE			
http://www.cdss.ca.gov/cdss	web/entres/torms/English/S	SOC815.pdf	

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.